



**North Carolina Department of Health and Human Services**  
**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
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Beverly Eaves Perdue, Governor  
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Steven Jordan, Director

September 24, 2010

**MEMORANDUM**

**TO:** All Interested Parties  
**FROM:** Steven Jordan *SS*  
**SUBJECT:** Summary Version of Special Implementation Update #78

Please send any input or suggestions for the Summary version to us at [ContactDMH@dhhs.nc.gov](mailto:ContactDMH@dhhs.nc.gov). Readers who want to view the Implementation Updates and other summaries may find them on our website at <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>; **refer to the detailed version as the authority to avoid confusion.**

**Community Alternatives Program –Mental Retardation/Developmental Disabilities Update**

**Waivers Development Stakeholder Survey**

- We are interested in stakeholder (individuals receiving Community Alternatives Program – Mental Retardation/Developmental Disabilities waiver services, parents and guardians of individuals receiving Community Alternatives Program – Mental Retardation/Developmental Disabilities services, service providers, advocates or others having direct experience with the current Community Alternatives Program – Mental Retardation/Developmental Disabilities waivers) feedback on the development of the Community Alternatives Program – Mental Retardation/Developmental Disabilities Tiered Waivers system which includes revision of the current Community Alternatives Program – Mental Retardation/Developmental Disabilities Medicaid waivers and creation of the new waivers.
- The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the Division of Medical Assistance will consider all responses as we continue to improve the waivers to be implemented in November 2011.
- This survey uses Survey Monkey and all responses are anonymous. To participate in the survey, go to <http://www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm> and follow the instructions provided there. Thank you in advance for sharing your perceptions and recommendations. Remember all responses are due by September 30, 2010.

**Correction to Implementation Update #76**

- In Implementation Update #76, posted July 7, 2010, under “**Implementation Plan for the Community Alternatives Program – Mental Retardation/Developmental Disabilities Clinical Policy, Community Alternatives Program – Mental Retardation/Developmental Disabilities Comprehensive Waiver and Supports Waiver Manuals and Technical Amendment Number**



One,” paragraph three, it was incorrectly noted that notices of adverse action/due process of appeals rights must be mailed at least 30 days prior to the effective date of the adverse action.

- **The correct time frame is that notices must be mailed at least 10 days prior to the effective date of the adverse action. Please note this correction.**

### **Supports Intensity Scale**

- As part of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Supports Intensity Scale implementation, UNC-Chapel Hill is recruiting a Supports Intensity Scale Coordinator for the project. The job posting can be found at <http://jobs.unc.edu/2500294>.

### **Providers of Targeted Case Management for Individuals with Intellectual and Developmental Disabilities**

- Division of Medical Assistance has received approval to implement a new procedure code and rate for Targeted Case Management for individuals with intellectual and developmental disabilities (TCM-IDD) for direct enrolled providers.
- Please see the full Implementation Update 78 for details.

### **Provider Enrollment Information**

- The effective date of enrollment for direct enrolled providers for Targeted Case Management – Intellectual Developmental Disabilities will be the date requested by the provider but no earlier than August 1, 2010, or the date a complete and accurate enrollment package is received by Computer Sciences Corporation, if a date is not requested by the provider. Please see the full Implementation Update 78 for details

### **Service Authorization**

- This service must be prior authorized for non- Community Alternatives Program – Mental Retardation/Developmental Disabilities Waiver recipients prior to submitting claims. (Targeted Case Management for Community Alternatives Program – Mental Retardation/Developmental Disabilities Wavier recipients does not require prior authorization.)
- Please see the full Implementation Update 78 for details

### **Documentation**

- Documentation must reflect each contact.
- A full service note for each contact, or a full service note for each date of service (if there are multiple contacts within a day), written and signed by the person(s) who provided the service, is required.
- For more details on what to include in the service note, please refer to the Records Management and Documentation Manual, <http://www.ncdhhs.gov/mhddsas/statpublications/manualsforms/rmd09/rmdmanual-final.pdf>

### **Additional Claims Processing Information**

- **Claims Submission:** The billing limit is one unit per week which runs from Sunday to Saturday. If the claim identifies a span of dates, (e.g. August 2-6, 2010), the claim will be denied.
- In order to bill, providers must provide at least 15 minutes of service per week. The service must be provided and documented according to the needs of the recipient
- **Electronic Funds Transfer:** Providers must submit to HP Enterprise Services a completed Electronic Funds Transfer form specific to Targeted Case Management –Intellectual Developmental Disabilities.
- Please see the full Implementation Update 78 for details

### **Update on Mental Health/Substance Abuse Targeted Case Management**

#### **Weekly Rate**

- As per Implementation Update #77, Mental Health/Substance Abuse Targeted Case Management has a weekly (Sunday-Saturday) case rate. In order to bill this weekly rate, case managers must provide



at least 15 minutes of case management activity (assessment, person centered plan development, linkage/referral, monitoring) per week.

- The case manager shall provide all services necessary to meet the case management needs of the recipient.
- Many recipients may require more than 15 minutes of case management activity per week.
- With the weekly case rate, a provider may only bill once per week, although a case manager might provide services for a recipient multiple times in a week.
- The weekly case rate covers ALL case management activities for the week and all dates of service for that week.

#### **Documentation**

- Documentation must reflect each contact.
- For full requirements of the service note, please refer to the DMA Clinical Coverage Policy 8L, <http://www.ncdhhs.gov/dma/mp/8L.pdf>

#### **Medicaid Provider Number/National Provider Identifier**

- Mental Health/Substance Abuse Targeted Case Management is a service that can only be provided by a Critical Access Behavioral Health Agency (CABHA).
- Once a provider is certified as a CABHA, they will need to complete the NC Medicaid Enrollment application. The downloadable enrollment application is available on the NCTracks website, (<http://www.nctracks.nc.gov>).
- For Critical Access Behavioral Health Agencies not yet enrolled and Enrolled Critical Access Behavioral Health Agencies: Please see the full Implementation Update for details about how to proceed.

#### **Medicaid Reimbursement Rate Update**

- Division of Medical Assistance has been instructed by the NC Department of Health and Human Services Secretary to reverse the proposed rate reductions that were effective September 1, 2010.
- Division of Medical Assistance is in the process of replacing the published September 1, 2010, fee schedules with the previously published fee schedules.
- If you have any questions, please call the Division of Medical Assistance Finance Management Section at 919-855-4180.

#### **Community Support Team Revised Authorization Limit and Effective Date**

- As a reminder, all new authorizations for Community Support Team shall be based upon medical necessity as defined by Division of Medical Assistance Clinical Coverage Policy 8A and shall not exceed 32 hours (128 units) per 60-day period for adults.
- Existing authorizations for Community Support Team will remain effective until the end of the current authorization period.
- As a reminder, children under the age of 21 may qualify for this service if medically necessary under Early and Periodic Screening, Diagnosis and Treatment.

#### **Medicaid Recipient Notifications of Mental Health/Substance Abuse Benefit Changes**

- Medicaid and N.C. Health Choice recipients are notified of benefit and coverage changes through monthly mailings.
- Copies of the notifications are available on Division of Medical Assistance's website at <http://www.ncdhhs.gov/dma/pub/consumerlibrary.htm>.

#### **Prior Authorization of Medicaid-funded Mental Health, Developmental Disability, Substance Abuse Services by The Durham Center and Eastpointe LME**

- As indicated in Implementation Update #77 and the August 2010 Medicaid Bulletin, as of September 20, 2010, all providers for recipients with Medicaid eligibility within The Durham Center's catchment area (Durham County) will be required to submit requests for initial and concurrent authorization for mental health, developmental disabilities, and substance abuse services to The Durham Center for prior authorization.



- All providers for recipients with Medicaid eligibility within Eastpointe's catchment area (Duplin, Lenoir, Sampson, and Wayne counties) will be required to submit requests for initial and concurrent authorization for mental health, developmental disabilities, and substance abuse services to Eastpointe for prior authorization.
- This change will apply only to providers delivering services to recipients with Medicaid eligibility in those catchment areas.
- Effective September 20, 2010, ALL Community Alternatives Program requests, including revision requests, must be sent to the appropriate LME utilization review vendor for processing; recipients with eligibility in Durham Center's catchment area must be sent to the Durham Center and recipients with eligibility in Duplin, Lenoir, Sampson, and Wayne Counties must be sent to Eastpointe.
- As a point of clarification, requests for additional units of Community Alternatives Program Mental Retardation-Developmental Disabilities services above the current authorized amount are considered "revision requests."
- Please see the full Implementation Update 78 for important specific details regarding requests for authorization to provide services.

<b>DMA Behavioral Health Policy</b>	<b>ValueOptions</b>	<b>The Durham Center</b>	<b>Eastpointe LME</b>
919-855-4290 telephone	1-888-510-1150 telephone	919-560-7100 telephone	1-800-913-6109 telephone
	1-877-339-8753 fax number for MH/SA requests	919-560-7377 fax number for MH/DD/SA requests	910-298-7189 fax number for MH/DD/SA requests
	1-877-339-8754 fax number for DD requests	919-328-6011 fax number inpatient/PRTF requests	910-298-7184 fax number inpatient/PRTF requests
	1-877-339-8760 fax number inpatient/PRTF requests		

#### **Prior Authorization Changes: Adverse Determination Letters (Reduced or Denied Requests)**

- Adverse determination letters will no longer include recommendations for alternate services.
- The new Adverse Determination Letters will advise that recipients may also be eligible for other Medicaid services and recipients may talk with their physician, other licensed clinician, or provider to determine if other Medicaid services are appropriate.

#### **Critical Access Behavioral Health Agency and Single Business Ownership**

- This serves as a clarification of Critical Access Behavioral Health Agency structure and ownership requirements.
- All Critical Access Behavioral Health Agency enhanced and residential services must be under the single business ownership of the Critical Access Behavioral Health Agency.
- All staff who provides residential and enhanced services for the Critical Access Behavioral Health Agency must be employees of the Critical Access Behavioral Health Agency.
- Individual enhanced or residential service sites cannot provide services for more than one Critical Access Behavioral Health Agency. Individual, direct-enrolled behavioral health practitioners (i.e., LCSW, LPC, LMFT, and APN) of "core" services—outpatient therapy, assessments, and medication management—may be employed by multiple Critical Access Behavioral Health Agency s. .

#### **CABHA Transition Data**

- Two reports have been developed to assist in planning and facilitating a smooth transition for individuals who will need Community Support Team (CST), Day Treatment (DT), or Intensive In-Home (IIH) services after December 31, 2010, at which time these services can only be provided by Critical Access Behavioral Health Agency.
- These reports, the Service Continuum for Critical Access Behavioral Health Agency Applicants at the Verification Stage Report and the Service Authorization Report, have been posted on the Critical Access Behavioral Health Agency web page (<http://www.dhhs.state.nc.us/mhddsas/cabha/index.htm>).



- Both reports will be updated at least once a month.

Following is a description of the Service Continuum Report and the Service Authorization Report:

**Service Continuum for Critical Access Behavioral Health Agency Applicants at the Verification Stage**

- This report verifies the array of services for which a provider is enrolled.

**Individuals with Authorizations for Community Support Team, Day Treatment and Intensive In-Home**

- The purpose of this report is to project the number of individuals with authorizations for Community Support Team, Developmental Therapy, and Intensive In Home who will need to be served by a Critical Access Behavioral Health Agency once non- Critical Access Behavioral Health Agency certified providers are no longer able to provide these services.

The term "**Critical Access Behavioral Health Agency**" indicates that *a provider has been certified or is at the verification review stage*. The term "**Non-Critical Access Behavioral Health Agency**" indicates that *a provider has not applied or is in the process but not yet at the verification review stage (Critical Access Behavioral Health Agency-Pending)*.

The Local Management Entities are coordinating the transition process at the local level.

- All providers – both certified Critical Access Behavioral Health Agency s and non- Critical Access Behavioral Health Agency providers – should collaborate with the designated Local Management Entity contact for assistance.
- The successful transition of consumers requires a joint effort and teamwork among providers and the Local Management Entity.

Unless noted otherwise, please email any questions related to this Implementation Update Summary to [ContactDMH@dhhs.nc.gov](mailto:ContactDMH@dhhs.nc.gov).

